		FOR OHF USE			

LL1

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

I. IDPH Facility ID Number: 0042432

Facility Name: ADDOLORATA VILLA

Address: 555 McHENRY ROAD (Number) WHEELING (City) 60090 (Zip Code)

County: COOK

Telephone Number: 847-215-5801 **Fax #** 847-215-5805

IDPA ID Number: 3610707655001

Date of Initial License for Current Owners: 11-27-96

Type of Ownership:

- [X] VOLUNTARY,NON-PROFIT
  - [X] Charitable Corp.
  - [ ] Trust
- [ ] PROPRIETARY
  - [ ] Individual
  - [ ] Partnership
  - [ ] Corporation
  - [ ] "Sub-S" Corp.
  - [ ] Limited Liability Co.
  - [ ] Trust
  - [ ] Other
- [ ] GOVERNMENTAL
  - [ ] State
  - [ ] County
  - [ ] Other

IRS Exemption Code 501(c)(3)

In the event there are further questions about this report, please contact:
Name: JAMES BROTNOW Telephone Number: 847-215-5801

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from JULY 1, 1999 to JUNE 30, 2000 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) ______ (Date)

(Type or Print Name) JAMES BROTNOW

(Title) CHIEF FINANCIAL OFFICER

Paid Preparer

(Signed) ______ (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	80	Skilled (SNF)	88	30,368	1
2		Skilled Pediatric (SNF/PED)			2
3	10	Intermediate (ICF)	10	3,660	3
4		Intermediate/DD			4
5	45	Sheltered Care (SC)	45	16,470	5
6		ICF/DD 16 or Less			6
7	135	TOTALS	143	50,498	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	8,852	18,535	1,400	28,787	8
9	SNF/PED					9
10	ICF	778	2,654		3,432	10
11	ICF/DD					11
12	SC		12,196		12,196	12
13	DD 16 OR LESS					13
14	TOTALS	9,630	33,385	1,400	44,415	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.95%

D. How many bed-hold days during this year were paid by Public Aid?
NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 11-27-96

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11-27-96 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 7 and days of care provided 1,400

Medicare Intermediary ADMINASTER FEDERAL INC.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: JUNE 30, 2000 Fiscal Year: JUNE 30, 2000

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	452,402	67,378	16,481	536,261		536,261	(76,874)	459,387			1
2	Food Purchase		318,781		318,781	(15,939)	302,842		302,842			2
3	Housekeeping	211,183	20,127		231,310		231,310	(38,973)	192,337			3
4	Laundry	37,982	21,757	1,465	61,204		61,204	(5,798)	55,406			4
5	Heat and Other Utilities			181,538	181,538	(81,274)	100,264	(14,170)	86,094			5
6	Maintenance	242,794	31,667	153,721	428,182		428,182	(65,127)	363,055			6
7	Other (specify):*											7
8	**TOTAL General Services**	944,361	459,710	353,205	1,757,276	(97,213)	1,660,063	(200,942)	1,459,121			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	2,057,283	170,741	120,306	2,348,330		2,348,330		2,348,330			10
10a	Therapy	161,180		29,517	190,697		190,697		190,697			10a
11	Activities	245,695	75,993	7,257	328,945		328,945	(33,366)	295,579			11
12	Social Services	33,827		7,128	40,955		40,955		40,955			12
13	Nurse Aide Training											13
14	Program Transportation		1,800		1,800		1,800		1,800			14
15	Other (specify):* **Pharmaceuticals**		296,835		296,835	(296,835)						15
16	**TOTAL Health Care and Programs**	2,497,985	545,369	164,208	3,207,562	(296,835)	2,910,727	(33,366)	2,877,361			16
	C. General Administration											
17	Administrative	390,212	156,594		546,806		546,806	(75)	546,731			17
18	Directors Fees											18
19	Professional Services			203,224	203,224		203,224		203,224			19
20	Dues, Fees, Subscriptions & Promotions			12,954	12,954		12,954		12,954			20
21	Clerical & General Office Expenses	280,564			280,564	81,274	361,838	(70,192)	291,646			21
22	Employee Benefits & Payroll Taxes			631,186	631,186	98,697	729,883		729,883			22
23	Inservice Training & Education											23
24	Travel and Seminar			12,315	12,315		12,315	(12,315)				24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			139,183	139,183	(82,757)	56,426		56,426			26
27	Other (specify):*											27
28	**TOTAL General Administration**	670,776	156,594	998,862	1,826,232	97,214	1,923,446	(82,582)	1,840,864			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	4,113,122	1,161,673	1,516,275	6,791,070	(296,834)	6,494,236	(316,890)	6,177,346			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			578,014	578,014		578,014	(76,528)	501,486			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			388,299	388,299		388,299	(220,384)	167,915			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* Def Fin Amort			18,559	18,559		18,559		18,559			36
37	**TOTAL Ownership**			984,872	984,872		984,872	(296,912)	687,960			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers			881	881	296,835	297,716		297,716			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			4,154	4,154		4,154	(16,929)	(12,775)			41
42	Provider Participation Fee			50,382	50,382		50,382		50,382			42
43	Other (specify):* ILU	411,780	278,195	1,395,408	2,085,383		2,085,383	(2,087,146)	(1,763)			43
44	**TOTAL Special Cost Centers**	411,780	278,195	1,450,825	2,140,800	296,835	2,437,635	(2,104,075)	333,560			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,524,902	1,439,868	3,951,972	9,916,742	1	9,916,743	(2,717,877)	7,198,866			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number ADDOLORATA VILLA **#** 0042432 **Report Period Beginning:** JULY 1, 1999 **Ending:** JUNE 30, 2000

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	6,376	1		4
5	Telephone, TV & Radio in Resident Rooms	61,327	21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	220,384	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	75	17		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	2,429,716			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 2,717,878		$	30

OHF USE ONLY

48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 2,717,878		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops			(12,775)	41	40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs			296,835	39	43
44	Exceptional Care Program					44
45	Other-Attach Schedule **Therapies**			29,517	10a	45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$ 313,577		47

ADDOLORATA VILLA

ID# 0042432

Report Period Beginning: JULY 1, 1999

Ending: JUNE 30, 2000

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Noncare related expenses-Independent living units	$ 2,087,146	43	1
2	Noncare related expenses-Convent	70,499	1	2
3	Noncare related expenses-Convent	38,973	3	3
4	Noncare related expenses-Convent	5,798	4	4
5	Noncare related expenses-Convent	14,170	5	5
6	Noncare related expenses-Convent	65,127	6	6
7	Noncare related expenses-Convent	8,865	21	7
8	Noncare related expenses-Convent	76,528	30	8
9	Chapel receipts	33,366	11	9
10	Gift shop revenue	16,929	41	10
11	Non allowable travel expenses	12,315	24	11
12				12
13				13
14				14
15				15
16				16
17				17
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89				89
90	**Total**	2,429,716		90

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses A. General Services	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
1	Dietary	76,875	0	0	0	0	0	0	0	0	0	0	76,875	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	38,973	0	0	0	0	0	0	0	0	0	0	38,973	3
4	Laundry	5,798	0	0	0	0	0	0	0	0	0	0	5,798	4
5	Heat and Other Utilities	14,170	0	0	0	0	0	0	0	0	0	0	14,170	5
6	Maintenance	65,127	0	0	0	0	0	0	0	0	0	0	65,127	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	200,943	0	0	0	0	0	0	0	0	0	0	200,943	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	33,366	0	0	0	0	0	0	0	0	0	0	33,366	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	33,366	0	0	0	0	0	0	0	0	0	0	33,366	16
	C. General Administration													
17	Administrative	75	0	0	0	0	0	0	0	0	0	0	75	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	70,192	0	0	0	0	0	0	0	0	0	0	70,192	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	12,315	0	0	0	0	0	0	0	0	0	0	12,315	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	82,582	0	0	0	0	0	0	0	0	0	0	82,582	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	316,891	0	0	0	0	0	0	0	0	0	0	316,891	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	76,528	0	0	0	0	0	0	0	0	0	0	76,528	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	220,384	0	0	0	0	0	0	0	0	0	0	220,384	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	296,912	0	0	0	0	0	0	0	0	0	0	296,912	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	16,929	0	0	0	0	0	0	0	0	0	0	16,929	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	2,087,146	0	0	0	0	0	0	0	0	0	0	2,087,146	43
44	**TOTAL Special Cost Centers**	2,104,075	0	0	0	0	0	0	0	0	0	0	2,104,075	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,717,878	0	0	0	0	0	0	0	0	0	0	2,717,878	45

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Sisterd of Chicago		St.Joseph Home of Chicago	Chicago	Francisan Villege	Lemont, Il	Retirement
Service Corporation	100%	Francisan Home and Community Service	Crowne Point, In	Francisan Sisters of Chicago		
		Mother Thersa Home	Lemont		Lemont,Il	Religious
		Mount. Alverna Home	Parma, Oh	Franciscan Sisters of Chicago Service Corp		
		George Davis Mannor & Murdock Mannor	Lafayette, In		Homewood, Il	Corporate Mgmt.
		St.Elizabeth's Healthcare Center	Delphi, In			
		Otterbein Care Center	Otterbein, In	House Call Illinois	Lemont, Il	Home health

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V		Management fees:	$	Franciscan Sisters of Chicago Service Corp	100.00%	$	$	1
2	V	17	Ceo/President salary cost	137,814			137,814		2
3	V	43	Ceo/President salary cost	34,453			34,453		3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 172,267			$ 172,267	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Sisterd of Chicago		Franciscan Health Center	Louisville, Ky	St. James Manor/Villia	Crete Il.	
Service Corporation	100%	St. Mary Healthcare Center	Lafayette, In.			
ADDITIONAL LISTINGS						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 0	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
					Compensation Received From Other	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	Sr. M Bernadette Bajuscik	Director		0.00	N/A				$ N/A		1
2	Sr. M Helene Galuszka	Director		0.00	N/A				N/A		2
3	Sr. Barbara Thomalla	Director		0.00	N/A				N/A		3
4	Sara Hill	Director		0.00	N/A				N/A		4
5	Patrick Mazza	Director		0.00	N/A				N/A		5
6	Gerald Kinney	Director		0.00	N/A				N/A		6
7	John R. Lannan	Director		0.00	N/A				N/A		7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: NE 30, 2000

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization: Franciscan Sisters of Chicago Service Corp
Street Address: 1055 West 175th Street, Suite 104
City / State / Zip Code: Homewood, Il
Phone Number: (708-647-6500
Fax Number: (708-647-6982

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES x NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	19	Sponsorship fee	Direct cost	80		$ 15,840	$	80	$ 15,840	1
2	43	Sponsorship fee	Direct cost	20		3,960		20	3,960	2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 19,800	$		$ 19,800	25

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	Illinois Facilities Authority						$	$			$	1
2	Series 1996 D		x	Acquisition of Assets	$45,370.00	11-27-96	6,095,000	5,575,000	5-15-2019	5.0-7.0	384,031	2
3	Series 1996 E		x	Acquisition of Assets	Variable debt	11-27-96	5,660,000	5,660,000	5-15-2017	variable	217,900	3
4	Series 1996 F		x	Acquisition of Assets	Variable debt	11-27-96	6,340,000	6,070,000	5-15-2027	variable	363,445	4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$45,370.00		$ 18,095,000	$ 17,305,000			$ 965,376	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 18,095,000	$ 17,305,000			$ 965,376	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$ NONE	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$ NONE	2
3. Under or (over) accrual (line 2 minus line 1).	$ #VALUE!	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$ NONE	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.	$ NONE	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$ NONE	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$ #VALUE!	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:

Year	Amount	Line
1995	N/A	8
1996	N/A	9
1997	N/A	10
1998	N/A	11
1999	N/A	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 1999 $	13
14	PLUS APPEAL COST FROM LINE 5 $	14
15	LESS REFUND FROM LINE 6 $	15
16	AMOUNT TO USE FOR RATE CALCULATION $	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 71,084 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Addolorata Villa Indepentent Living Units, 80,036 square feet, 100 units
Outpatient Therapy, 2332 Square Feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: N/A
4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Healthcare	6.125 acres	11/26/1996	$ 746,637	1
2					2
3	TOTALS	#VALUE!		$ 746,637	3

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12	Land improvements			12	162,282	13,927		13,927	0	47,871	12
13											13
14	Building and building equipment - skilled nursing			12	4,605,873	151,743		151,743		355,705	14
15											15
16	Building and building equipment - dinning and support			12	887,591	39,157		39,157		98,402	16
17											17
18	Building and building equipment - sheltered care/original bldg.			12	3,670,540	194,355		194,355		593,715	18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 9,326,286	$ 399,181		$ 399,182	$ 0	$ 1,095,693	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Land Improvements										9
10											10
11	asphalt paving			11/26/1996	51,558	5,156	10	5,156		18,475	11
12	concrete paving			11/26/1996	20,145	1,679	12	1,679		6,015	12
13	chain link fence			11/26/1996	8,176	743	11	743		2,663	13
14	light poles and fixtures			11/26/1996	1,842	167	11	167		600	14
15	curbing			11/26/1996	2,476	206	12	206		739	15
16	landscaping			11/26/1996	17,579	1,465	12	1,465		5,249	16
17	lawn area			11/26/1996	36,680	3,057	12	3,057		10,953	17
18	courtyard gate			11/26/1996	1,123	75	15	75		262	18
19	landscaping			8/1/1997	1,797	150	12	150		375	19
20	concrete ramp improvements			Sep-97	1,413	118	12	118		294	20
21	asphalt improvements			May-98	1,887	189	10	189		472	21
22	catch basin improvements			Apr-98	5,951	79	15	79		198	22
23	siding - chapel shed			Dec-97	1,187	397	15	397		992	23
24	fencing			1999	1,192	79	15	79		119	24
25	site improvement - snf addition (asphalt etc)			1/31/2000	4,879	244	10	244		244	25
26	cement patio - intermrdiate care			7/6/1999	3,148	157	10	157		157	26
27	expand loading dock turnaround			10/29/1999	1,250	63	10	63		63	27
28	ADJUSTMENTS					(97)		(97)		1	28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 162,283	$ 13,927		$ 13,927	$	$ 47,871	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - skilled nursing			11/26/1996	1,145,551	32,730	35	32,730		117,283	9
10	snf - plumbing and sprinklers			11/26/1996	183,717	10,807	17	10,807		38,725	10
11	snf - heating and cooling			11/26/1996	110,690	6,511	17	6,511		23,332	11
12	snf - electrical			11/26/1996	197,161	11,598	17	11,598		41,558	12
13	snf - roof cover			11/26/1996	41,928	3,494	12	3,494		12,520	13
14	snf - floor cover			11/26/1996	67,703	5,642	12	5,642		20,217	14
15	snf - elevator			11/26/1996	32,195	1,894	17	1,894		6,786	15
16	snf - automatic doors			Feb-97	9,246	925	10	925		3,236	16
17	snf - electrical improvements : 1snf east wing			Mar-97	500	50	10	50		167	17
18	snf - carpet			1997	1,099	220	5	220		549	18
19	snf - carpet			1998	2,478	496	5	496		1,239	19
20	snf - paint/varnish doors			May-98	14,500	2,900	5	2,900		7,250	20
21	snf - electrical emergency outlets			Jan-98	692	41	17	41		102	21
22	snf - hvac system glucose treatment			Mar-98	8,692	579	15	579		1,449	22
23	snf -elevator safety edge			Mar-98	1,710	86	20	86		214	23
24	snf - boiler air venting valve (addition)			Mar-98	1,893	126	15	126		315	24
25	snf - pump			Mar-98	1,238	124	10	124		310	25
26	snf - new valves hot water tank			Jun-98	4,329	189	15	189		722	26
27	snf - thermostat/fan assembly			Jun-98	1,283	86	15	86		214	27
28	snf - manual isolation valves			May-98	19,110	1,274	15	1,274		3,185	28
29											29
30	snf - carpet			1998	21,796	4,356	5	4,356		6,539	30
31	snf - carpet			1999	2,899	580	5	580		870	31
32	snf - window treatments			1999	2,216	443	5	443		665	32
33	snf - kitchen freezer and exhaust hood			1999	2,991	598	5	598		897	33
34										560	34
35											35
36	TOTAL (lines 4 thru 35)				$ 1,875,617	$ 85,749		$ 85,749	$	$ 288,901	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - skilled nursing - continued from 12 B				1,875,617	85,749		85,749		288,901	9
10	snf - elevator on emergency power			1999	3,733	373	10	373		560	10
11	snf - locks, dooe closures replacements			1999	2,733	547	5	547		820	11
12	snf - permanent lockers			1999	1,516	303	5	303		455	12
13	plumbing			1/31/2000	106,540	2,663	20	2,663		2,663	13
14	fire protection			1/31/2000	31,958	799	20	799		799	14
15	electrical			1/31/2000	285,401	7,135	20	7,135		7,135	15
16	roofing			1/31/2000	29,007	725	20	725		725	16
17	hvac			1/31/2000	224,252	5,606	20	5,606		5,606	17
18	elevator			1/31/2000	48,351	1,209	20	1,209		1,209	18
19	carpet			1/31/2000	41,264	4,127	5	4,127		4,127	19
20	general construction			1/31/2000	1,396,362	17,455	40	17,455		17,455	20
21	carpet			3/31/2000	34,296	3,430	5	3,430		3,430	21
22	general renovation			3/31/2000	166,602	8,330	10	8,330		8,330	22
23	expansion joint			7/13/1999	6,430	322	10	322		322	23
24	tci cable connection			9/1/1999	853	43	10	43		43	24
25	install fire rated doors			10/21/1999	4,500	225	10	225		225	25
26	fireproof existing building			6/23/1999	982	49	10	49		49	26
27	window treatments			5/31/2000	5,884	588	5	588		588	27
28	architecht			1/31/2000	239,033	5,976	20	5,976		5,976	28
29	consultant			1/31/2000	15,224	381	20	381		381	29
30	site engineer			1/31/2000	14,582	365	20	365		365	30
31	misc building improvements			1999	52,889	1,322	20	1,322		1,322	31
32	window treatments			1/31/2000	17,867	1,787	20	1,787		1,787	32
33	adjustments				(3)	2,236		2,236		2,236	33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 4,605,873	$ 151,743		$ 151,743	$	$ 355,507	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - dining facility and support			11/26/1996	327,179	9,347	35	9,347		33,494	9
10	supp - plumbing and sprinkers			11/26/1996	37,459	2,203	17	2,203		7,896	10
11	supp - heating and cooling			11/26/1996	30,730	1,808	17	1,808		6,477	11
12	supp - electrical			11/26/1996	69,515	4,089	17	4,089		14,652	12
13	supp - roof cover			11/26/1996	13,487	1,124	12	1,124		4,028	13
14	supp - floor covering with vinyl tile			11/26/1996	24,996	2,083	12	2,083		7,464	14
15	supp - elevator			11/26/1996	18,577	1,093	17	1,093		3,915	15
16	supp - heating and cooling ductwork kitchen			11/26/1996	1,765	118	15	118		412	16
17	supp - electric; dolorosa and gazebo timers			Aug-97	1,685	112	15	112		281	17
18	supp - electric: kitchen			Oct-97	514	34	15	34		86	18
19	supp - carpentry wall protection			Apr-98	9,648	643	15	643		1,608	19
20	supp - electric: kitchen			Apr-98	14,012	934	15	934		2,335	20
21	supp - bug zapper: kitchen			Jan-98	512	102	5	102		256	21
22	general construction, ceiling, electric			11/30/1999	182,986	6,100	15	6,100		6,100	22
23	carpet			11/30/1999	33,613	3,361	5	3,361		3,361	23
24	laminate			11/30/2000	11,690	1,169	5	1,169		1,169	24
25	patch panel for campus phone system			9/24/1999	6,927	398	15	398		398	25
26	kitchen equipment			10/1/1998	2,909	291	10	291		291	26
27	boiler - replace butterfly valves			12/31/1999	6,531	653	5	653		653	27
28	replace doors - kitchen			1999	1,988	199	10	199		199	28
29	generator and tv amp wiring			10/12/1999	1,704	170	5	170		170	29
30	misc building improvements			1999	73,682	2,456	10	2,456		2,456	30
31	window treatments			11/30/1999	3,568	357	5	357		357	31
32	hvac			11/30/1999	11,953	398	15	398		398	32
33	adjustment				(38)	(85)		(85)		(54)	33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 887,591	$ 39,157		$ 39,157	$	$ 98,402	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - sheltered care, convent			11/26/1996	1,923,694	54,960	35	54,960		196,941	9
10	orig - plumbing and sprinklers			11/26/1996	223,695	13,158	17	13,158		47,149	10
11	orig - heating and cooling			11/26/1996	218,685	12,863	17	12,863		46,093	11
12	orig - electrical			11/26/1996	216,623	12,742	17	12,742		45,658	12
13	orig - roof cover			11/26/1996	48,990	4,082	12	4,082		14,628	13
14	orig - floor cover			11/26/1996	53,165	4,430	12	4,430		15,875	14
15	orig - elevator			11/26/1996	46,696	2,747	17	2,747		9,842	15
16	orig - parlor lobby remodel: construction			1997	7,613	761	10	761		2,664	16
17	orig - parlor lobby remodel: construction			1997	159,906	10,630	15	10,630		37,309	17
18	orig - parlor lobby remodel: construction			1997	4,746	237	20	237		830	18
19	orig - parlor lobby remodel: carpet			1997	15,297	3,059	5	3,059		10,708	19
20	orig - boiler valves			1997	6,720	672	10	672		2,352	20
21	orig - boiler valves			1997	6,967	464	15	464		1,626	21
22	orig - boiler valves			1997	13,150	657	20	657		2,301	22
23	orig - vandy hall renovation			1997	5,527	553	10	553		1,935	23
24	orig - vandy hall renovation			1997	5,945	396	15	396		1,387	24
25	orig - vandy hall renovation			1997	1,838	92	25	92		321	25
26	orig - plumbing			1997	2,239	90	5	90		313	26
27	orig - sheltered care air conditioning improvement			1997	2,099	420	10	420		1,470	27
28	orig - sheltered care electric panel expansion			1997	10,288	1,029	15	1,029		3,601	28
29	orig - garage frame			11/26/1996	1,887	126	15	126		441	29
30	orig - garage electric			1997	6,698	717	17	717		2,567	30
31				1998	432	52	15	52		157	31
32	orig - chapel renovation: architect			Apr-98	18,845	1,760	15	1,760		4,400	32
33	orig - chapel renovation: carpentry and carpet			Apr-98	21,421	6,003	5	6,003		15,006	33
34	orig - chapel renovation: carpentry			Apr-98	113,025	10,557	15	10,557		26,393	34
35	orig - chapel renovation: electric			Apr-98	41,768	3,901	15	3,901		9,753	35
36	TOTAL (lines 4 thru 35)				$ 3,177,959	$ 147,159		$ 147,159	$	$ 501,723	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - original - continued				3,177,959	147,159		147,159		501,723	9
10	orig - chapel revovation: hvac			Apr-98	41,809	3,905	15	3,905		9,763	10
11	orig - chapel revovation: stained windows			Apr-98	44,098	4,119	15	4,119		10,297	11
12	orig - chapel revovation: marble			Apr-98	28,348	2,648	15	2,648		6,619	12
13	orig - chapel revovation: roofing			Apr-98	16,125	1,506	15	1,506		3,765	13
14	orig - chapel revovation: carpet			Apr-98	943	264	5	264		660	14
15	orig - chapel revovation: plumbing			Apr-98	9,454	883	15	883		2,208	15
16	orig - carpet			1998	22,791	4,558	5	4,558		11,395	16
17	orig - hvac glycose treatment			1997	10,848	723	15	723		1,808	17
18	orig - hvac glycose treatment			1998	10,916	728	15	728		1,819	18
19	orig - computer network cabling			Apr-98	11,910	794	15	794		1,985	19
20	orig - electrical improvements			1998	6,531	435	15	435		1,088	20
21	orig - mechancial rooftop drain			Aug-97	575	38	15	38		96	21
22	orig - plumbing comosite			Aug-97	551	28	20	28		69	22
23	orig - new ceiling scf 214			Aug-97	991	66	15	66		165	23
24	orig - mckesson single vac with recyler			Nov-97	2,262	226	10	226		565	24
25	orig - main sign			Dec-97	1,938	129	15	129		323	25
26	orig - water conditioner			Dec-97	880	88	10	88		220	26
27	orig - business office laminate counter			Dec-97	995	66	15	66		166	27
28	orig - business office laminate mail boxes			Dec-97	1,441	96	15	96		240	28
29	orig - closet organizers intermrdiate rooms			Jan-98	815	54	15	54		136	29
30	orig - convent dishwasher and plumbing			Jan-98	2,344	469	5	469		1,172	30
31	orig - water system piping			Mar-98	1,514	101	15	101		252	31
32	orig - sheltered care air vents			Mar-98	1,050	70	15	70		175	32
33	orig - chair rail replacement			Apr-98	2,099	140	15	140		350	33
34	orig - signage			Apr-98	1,233	82	15	82		206	34
35	orig - production room mill work			Apr-98	2,847	190	15	190		475	35
36	TOTAL (lines 4 thru 35)				$ 3,403,267	$ 169,566		$ 169,566	$	$ 557,741	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199! Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - original - continued				3,403,267	169,566		169,566		557,741	9
10	orig- production room laminate			Apr-98	2,414	161	15	161		402	10
11	orig- chapel renovation: paint convent walls			May-98	3,098	620	5	620		1,549	11
12	orig- carpentry			Jun-98	1,448	97	15	97		241	12
13	orig- automatic doors: courtyard			Jun-98	2,584	172	15	172		431	13
14	orig- concreate work: ramp			Jun-98	1,908	95	20	95		239	14
15	orig- steel access doors			Jun-98	979	65	15	65		163	15
16	orig- plumbing			Jul-98	2,195	439	5	439		658	16
17	orig- concreate ramp			Jul-98	1,101	220	5	220		330	17
18	orig- carpentry main entrance			Jul-98	7,854	1,571	5	1,571		2,356	18
19	orig- ptac parts sheltered care			Aug-98	1,099	220	5	220		330	19
20	orig- vent work generator			Aug-98	1,101	220	5	220		330	20
21	orig- boiler room convertors			Aug-98	2,643	264	10	264		396	21
22	orig- chiller parts			Aug-98	2,170	217	10	217		326	22
23	orig- fire extinguishers			Aug-98	807	161	5	161		242	23
24	orig- automatic doors: chapel			Sep-98	1,937	387	5	387		581	24
25	orig- sewage pump			Sep-98	568	334	5	334		501	25
26	orig- heating system chemicals			Nov-98	1,669	255	5	255		383	26
27	orig- ansum fire suppression system			Oct-98	3,211	735	5	735		1,102	27
28	orig- duplex pump unit			Dec-98	1,539	308	5	308		462	28
29	carpet			1998	439	88	5	88		132	29
30	orig- boiler room emergency panel			Dec-98	1,549	310	5	310		465	30
31	orig- boiler room hot water valves			Jan-99	3,597	719	5	719		1,079	31
32	orig- automatic doors: chapel			Jan-99	4,326	865	5	865		1,298	32
33	orig- ipc materials nurses station			Jan-99	829	166	5	166		249	33
34	orig- install magnet door system			Feb-99	2,239	224	10	224		336	34
35	orig- door annuciatorn system			Feb-99	2,765	277	10	277		415	35
36	TOTAL (lines 4 thru 35)				$ 3,459,336	$ 178,756		$ 178,756	$	$ 572,735	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 199 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - original - continued				3,459,336	178,756		178,756		572,735	9
10	orig - nurses station remodel			Feb-99	1,402	280	5	280		421	10
11	orig - ptac repair scf 210			Jan-99	857	171	5	171		257	11
12	orig - electrical work			Jan-99	3,172	317	10	317		476	12
13	orig - adm asst office remodel			Feb-99	3,656	366	10	366		548	13
14	orig - business office fire door			Feb-99	1,409	282	5	282		423	14
15	orig - window treatments			Feb-99	771	154	5	154		231	15
16	orig - ironer			Mar-99	6,202	1,240	5	1,240		1,860	16
17	orig - boiler room repairs			Mar-99	1,035	207	5	207		310	17
18	orig - rebuilt retractor - boiler			Mar-99	4,869	974	5	974		1,461	18
19	orig - exhaust hood			Mar-99	1,073	215	5	215		322	19
20	orig - siding			Mar-99	1,107	221	5	221		332	20
21	orig - fire door kiln room			Mar-99	678	136	5	136		203	21
22	orig - install handrail			Mar-99	725	145	5	145		218	22
23	orig - move and repipe circulating pump			Apr-99	734	147	5	147		220	23
24	orig - roof top units repair			May-99	3,569	779	5	779		1,169	24
25											25
26	orig - adjustment to goodwill valuation			Jul-98	3,388	97	17	97		145	26
27	install fire door per inspection			10/20/1998	4,349	435	5	435		435	27
28	renovate activities room and office			1/1/1999	7,876	788	5	788		788	28
29	replace ceiling scf 233			1999	1,784	178	5	178		178	29
30	replace smoke doors			3/31/2000	4,500	150	5	150		150	30
31	carpeting			5/31/1999	6,365	637	5	637		637	31
32	carpeting			2000	9,347	935	5	935		935	32
33	carpeting			3/23/2000	11,556	1,156	5	1,156		1,157	33
34	carpeting			4/30/2000	1,902	190	5	190		190	34
35	boiler valve replacement and other			10/27/1999	4,690	210	10	210		210	35
36	TOTAL (lines 4 thru 35)				$ 3,546,352	$ 189,164		$ 189,164	$	$ 586,009	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Building - original - continued				3,546,352	189,164		189,164		586,009	9
10	sprinkler room revoation			3/22/2000	3,490	175	10	175		175	10
11	replace plastic pipe with steel			Oct-99	2,717	91	10	91		91	11
12	activities kitchen electric work			1999	912	30	10	30		30	12
13	gutter decing equipment			Oct-99	2,155	216	5	216		216	13
14	gas vent kitchen - activities			Oct-99	1,506	50	5	50		50	14
15	heating cooling pump			Oct-99	1,991	199	5	199		199	15
16	install door			2000	4,349	593	5	593		593	16
17	activities renovation			2000	9,197	627	10	627		627	17
18	water damage 233scf			2000	1,784	122	10	122		122	18
19	laminate counters			2000	1,468	200	5	200		200	19
20	activity center and garden café			2000	1,850	252	5	252		252	20
21	new doors courtyard and convent			2000	3,340	455	5	455		455	21
22	misc building improvements			1999	103,445	4,698	15	4,698		4,698	22
23	adjustments				(14,015)	(2,515)		(2,515)			23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 3,670,540	$ 194,355		$ 194,355	$	$ 593,715	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 663,423	$ 98,388	$ 98,388	$		$ 260,066	37
38	Current Year Purchases	41,301	3,916	3,916			3,916	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	$ 704,724	$ 102,304	$ 102,304	$		$ 263,982	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42				$	$	$	$		$	42
43										43
44										44
45										45
46	TOTALS			$	$	$	$		$	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 9,326,287	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 399,182	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 501,486	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ 0	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 2,150,357	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	Schedule attached	$ 7,610,038	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$ 7,610,038	$	$	57

G. Construction-in-Progress

	Description	Cost	
58	CIP -SCF Project	$ 203,304	58
59	CIP - General	163,773	59
60			60
61		$ 367,077	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: UNE 30, 200

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
   If NO, see instructions. [ ] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ None **			7

8. List separately any amortization of lease expense included on page 4, line 34.
   This amount was calculated by dividing the total amount to be amortized
   by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
    Beginning
    Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO
16. Rental Amount for movable equipment: $ N/A Description:
    (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	None		$ 0.00	$ 0	17
18					18
19					19
20					20
21	TOTAL		$ None	$ None	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 200

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   IN-HOUSE PROGRAM [ ]
   IN OTHER FACILITY [ ]
   COMMUNITY COLLEGE [ ]
   HOURS PER AIDE ____

3. CLINICAL PORTION:
   IN-HOUSE PROGRAM [ ]
   IN OTHER FACILITY [ ]
   HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$ None
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	None

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	Line 10a col 8	hrs	$	263	$ 11,826	$	263	$ 11,826	1
2	Licensed Speech and Language Development Therapist	Line 10a col 8	hrs		60	2,601		60	2,601	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	Line 10a col 8	hrs		180	7,940		180	7,940	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				296,835		296,835	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$	502	$ 22,366	$ 296,835	502	$ 319,201	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: ULY 1, 1999 Ending: JUNE 30, 2000

XV. BALANCE SHEET - Unrestricted Operating Fund. As of JUNE 30, 2000 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance SEE PAGE 17A)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,744,718	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,744,718	$	48

*(See instructions.)

Addoloata Villa
Statement of Financial Position
June 30, 2000

	Current Actual	Prior Year 6-30-99
Assets		
Current Assets:		
Cash and cash equivalents	$47,736	$1,773,455
Short term investments	0	0
Assets limited as to use - Externally designated under debt agreements	355,964	693,962
Accounts receivable, less allowance	1,197,312	755,828
Note receivable - current portion	0	0
Due from affiliates	482,212	548,880
Due from third - party payors	65,581	65,581
Prepaid expenses and other	142,462	162,568
Total current assets	2,291,267	4,000,275
Other Assets		
Property and equipment, net	16,945,809	15,354,508
Assets limited as to use, net of amounts required to meet current obligations:		
Internally designated for capital improvements	2,750,000	3,500,000
Externally designated under debt agreements	1,082,017	1,100,997
Deferred bond issuance costs, less acc amortization	486,059	518,146
Preopening costs, less accumulated amortization	0	0
Other investments	183,884	125,689
Note receivable	0	0
Total other assets	21,447,769	20,599,340
Total Assets	$23,739,036	$24,599,615

Addoloata Villa
Statement of Financial Position
June 30, 2000

	Current Actual	Prior Year 6-30-99
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	$980,713	$914,202
Accrued salaries and employee benefits	330,595	439,774
Due to affiliates	0	0
Due to third-party payors	0	0
Current maturities of notes payable to affiliates	0	0
Current maturities of long-term debt	255,000	235,000
Refundable deposits	510,011	491,812
Total current liabilities	2,076,319	2,080,788
Noncurrent liabilities:		
Long-term debt, less current maturities	16,844,414	17,086,345
Notes payable to affiliate, less current maturities		
Refundable resident deposits, unearned entrance fees, and other	73,582	66,905
	16,917,996	17,153,250
Fund Equity		
Unrestricted	4,377,529	4,583,391
Temporarily restricted	293,515	708,512
Permanently restricted	73,674	73,674
Total net assets	4,744,718	5,365,577
Total liabilities and net assets	$23,739,033	$24,599,615

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: UNE 30, 200

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 5,365,577	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 5,365,577	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(414,584)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants	82,845	11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) Unrealized losses on investments	(295,245)	15
16	Other (describe)	7,000	16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (619,984)	17
	B. Transfers (Itemize):		
18	Adustments	(875)	18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$ (875)	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,744,718	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,720,967	1
2	Discounts and Allowances for all Levels	(1,054,200)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,666,767	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	16,929	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	235,106	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 252,035	23
	D. Non-Operating Revenue		
24	Contributions	20,550	24
25	Interest and Other Investment Income***	450,999	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 471,549	26
	E. Other Revenue (specify):******		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Chapel receipts	33,366	28
28a	Other	78,441	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 111,807	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 9,502,158	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,757,276	31
32	Health Care	3,207,562	32
33	General Administration	1,826,232	33
	B. Capital Expense		
34	Ownership	984,872	34
	C. Ancillary Expense		
35	Special Cost Centers	2,090,418	35
36	Provider Participation Fee	50,382	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,916,742	40
41	**Income before Income Taxes (line 30 minus line 40)****	(414,584)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (414,584)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? YES If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	4,779	5,219	$ 142,090	$ 27.23	1
2	Assistant Director of Nursing					2
3	Registered Nurses	25,749	28,247	653,708	23.14	3
4	Licensed Practical Nurses	15,939	17,847	305,541	17.12	4
5	Nurse Aides & Orderlies	72,545	78,451	899,037	11.46	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,396	9,315	161,180	17.30	8
9	Activity Director					9
10	Activity Assistants	15,289	16,402	245,695	14.98	10
11	Social Service Workers	1,896	2,080	33,827	16.26	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	41,482	45,543	452,402	9.93	15
16	Dishwashers					16
17	Maintenance Workers	14,222	15,625	242,794	15.54	17
18	Housekeepers	22,045	23,708	211,183	8.91	18
19	Laundry	4,919	5,191	37,982	7.32	19
20	Administrator	1,500	1,664	137,814	82.82	20
21	Assistant Administrator	1,600	1,872	48,625	25.97	21
22	Other Administrative	3,822	5,096	203,773	39.99	22
23	Office Manager					23
24	Clerical	16,213	17,230	280,564	16.28	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Admissions	1,680	2,080	56,907	27.36	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	252,076	275,570	$ 4,113,122 *	$ 14.93	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	94	11,750	line 10 col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant	69	3,878	line 10 col 3	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	140	7,257	line 10 col 2	44
45	Social Service Consultant	134	7,128	line 10 col 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	437	$ 30,013		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	107	$ 5,021	line 10 col 3	50
51	Licensed Practical Nurses	15	536	line 10 col 3	51
52	Nurse Aides	3,823	68,819	line 10 col 3	52
53	TOTAL (lines 50 - 52)	3,945	$ 74,376		53

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Kinney	Ceo/adinistrator	0%	$ 137,814
Ferguson	Asst administrator	0%	48,625
Truesdale	CFO	0%	96,744
Gosendski	Director- HR	0%	48,495
Seckler	Director resident service	0%	58,534
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 390,212

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
		$
SEE SCHEDULE ON PAGE 21A		203,224
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 203,224

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 82,757
Unemployment Compensation Insurance	1,569
FICA Taxes	291,590
Employee Health Insurance	241,456
Employee Meals	6,434
Illinois Municipal Retirement Fund (IMRF)*	
Pension	92,596
Life Insurance	9,042
Disabilty	4,439
TOTAL (agree to Schedule V, line 22, col.8)	$ 729,883

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed ____)	
Dues and Subcriptions	12,954
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,954

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$

**See instructions.

ADDOLORATA VILLA 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

Support Schedule XIX, Part C

Vendor	Type	Amount
Ernst & Young	Accounting & Audit	21,950
Franciscan Sisters of Chicago Service Corp	Management Fee	45,987
Katten Muchin	Legal Fees	25,487
Sosin Lawler	Legal Fees	10,018
Ceridian	Payroll Processing	11,488
Healthcare Alliance	Management Fee	32,500
Scanton	Solfware Startup	1,817
Achieve	Solfware Startup	1,320
Scanton	Hardware Maintenance	355
Achieve	Hardware Maintenance	237
Melinda Fabrikant	Human Resources	220
Housecall Illinois	Human Resources	254
Studio One Designs	Designs	1,633
Achieve Accreditation	JCAHO expense	9,500
BDO Seidman	Cost reports	5,249
Systematic Mgmt	Medicare consultant	1,718
Shea, Paige, Rogal	Application Ill. Health Facilities Planning	10,000
FR & R	Cost reports	6,844
Accountants on Call	Temporary help	4,101
Katten, Muchin	Legal	7,077
OWP & P	Architecht	1,754
Studio One	Interior Designer	1,694
Sr. S. De Gidio O.S.M.	Playwright	250
Miscellaneous consultants	Miscellaneous	1,772
Total		203,224

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	N/A		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number ADDOLORATA VILLA # 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2(

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? NO

(2) Are there any dues to nursing home associations included on the cost report? NO
If YES, give association name and amount.

(3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? YES If YES, what is the capacity? 143

(5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 10

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 33,143 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES NO NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO NO If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 50,382
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes-see adj If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? YES -ILU BLDG For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 15,939 Has any meal income been offset against related costs? NO Indicate the amount. $

(16) Travel and Transportation

a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. $

c. What percent of all travel expense relates to transportation of nurses and patients? NONE

d. Have vehicle usage logs been maintained? YES

e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: Ernst and Young The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. Not available-will forward when it is

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? YES

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

ADDOLORATA VILLA 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

Support Schedule XX, Page 23, Line 19

Summary of Legal Expenses

Legal Firm	Invoice #	Discription of Services	Allowable	Invoice Amount
Katten, Muchin and Zavis	870416	General corporate matters	3,013	3,767
		Labor related matters	3,355	4,193
Katten, Muchin and Zavis	975694	General corporate matters	1,165	1,456
		Labor related matters	1,394	1,742
Katten, Muchin and Zavis	855736	General corporate matters	1,917	2,396
Katten, Muchin and Zavis	881417	General corporate matters	1,373	1,716
		Labor related matters	672	840
Katten, Muchin and Zavis	881431	General corporate matters	593	741
		Labor related matters	3,765	4,706
Katten, Muchin and Zavis	887095	General corporate matters	2,454	3,068
		Labor related matters	168	210
Katten, Muchin and Zavis	887104	General corporate matters	2,631	3,289
		Labor related matters	1,510	1,888
Katten, Muchin and Zavis	887120	General corporate matters	1,478	1,847
Sosin & Lawler	13400	General corporate matters	574	718
Sosin & Lawler	13771	General corporate matters	1,640	2,050
Sosin & Lawler	14150	General corporate matters	2,050	2,563
Sosin & Lawler	14434	General corporate matters	869	1,087
Sosin & Lawler	14899	General corporate matters	771	964
Sosin & Lawler	15270	General corporate matters	205	256
Sosin & Lawler	16033	General corporate matters	171	214
Sosin & Lawler	16385	General corporate matters	171	214
Sosin & Lawler	16740	General corporate matters	1,683	2,104
Sosin & Lawler	17463	General corporate matters	1,884	2,355
			33,621	42,026

ADDOLORATA VILL/ 0042432 Report Period Beginning: JULY 1, 1999 Ending: JUNE 30, 2000

Support Schedule XX, Page 23 Line 19

Summary of Architects Expense

Vendor	Invoice #	Discription of Service	Amount
OWP&P	48489	Skilled Addition	45
OWP&P	45344	Skilled Addition	4,665
Ferry and Associates		Skilled Addition	2,249
Ferry and Associates		Skilled Addition	2,000
Eppsrein-Uhen	30751	Assisted Living	14,000
Eppsrein-Uhen	31234	Assisted Living	33,089
Eppsrein-Uhen	31395	Assisted Living	16,171
Eppsrein-Uhen	31513	Assisted Living	15,588
Total			87,806